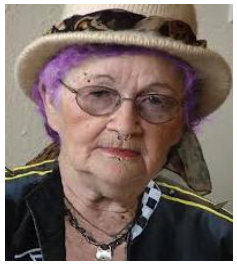
Clínico-Patológica

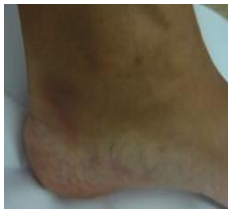
Carlos Azuaje Tovar
Consorci Hospitalari de Vic
28.06.2014

UVIC
UNIVERSITAT
DE VIC

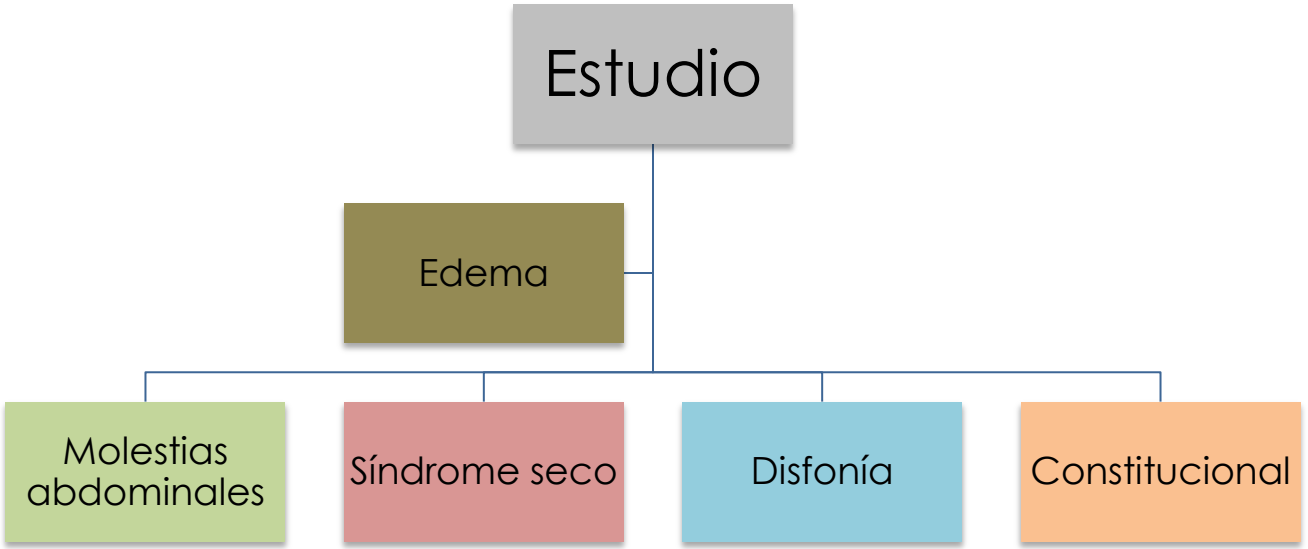
Resumen…



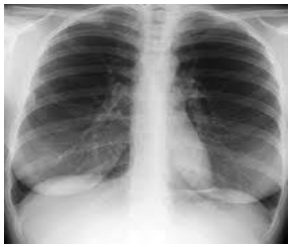
HTA, Cardiopatía HTA, Disnea

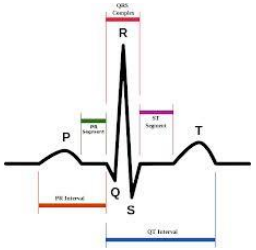


Doppler, Rx tobillo, alter coagulación, proteinuria

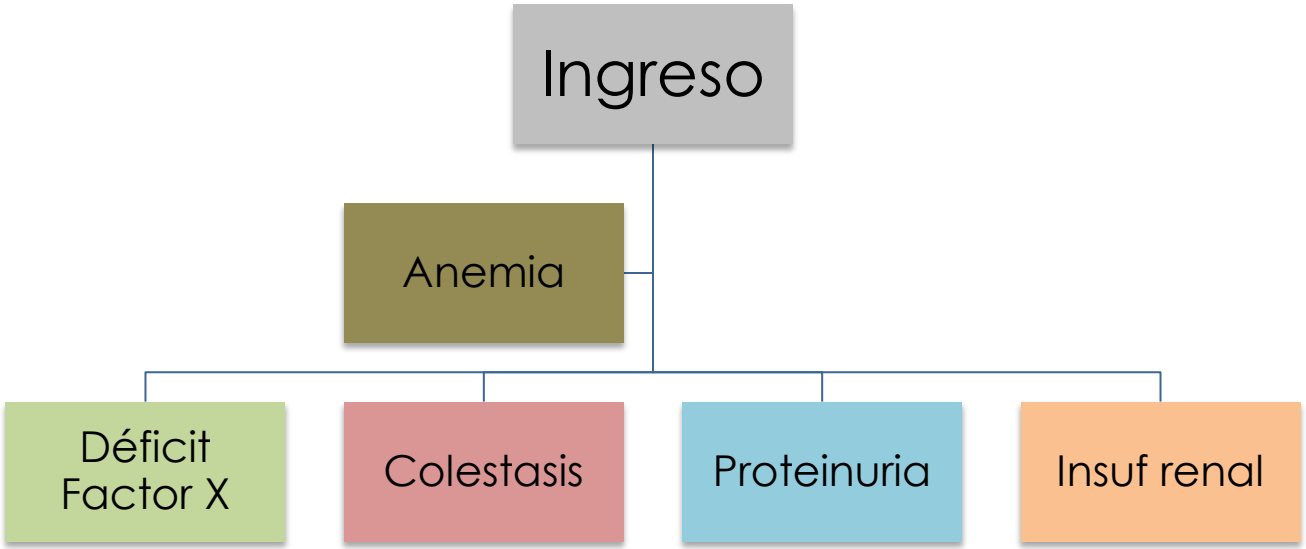


Resumen…





Anemia Hb:10,9
Alter coagulación
Insuf renal
Hipoproteinemia y proteinuria



Resumen…

Tabla 1. Evolución analítica durante el ingreso.

	2/12	4/12	9/12	16/12	19/12
Hb	10.9	10.7	11.6	11	10.6
TP	27		22.7		24
INR	2.55		1.96		2.2
Creat	0.92	0.96	1.15	1.1	1.15
FG	>60	57	46		46
AST/ALT	39/31		44/28	42/29	49/31
GGT	133		124	129	109
FA	129		142	158	129
Bil	0.5			0.2	0.5

Resumen…

Analítica

- Ionograma
- T4, TSH, ACTH corticotropina PTH
- Antitripsina
- ECA
- Vitaminas
- Mioglobina, LDH y aldolasa
- BNP 806pg/mL
- D-dimero 689ng/mL

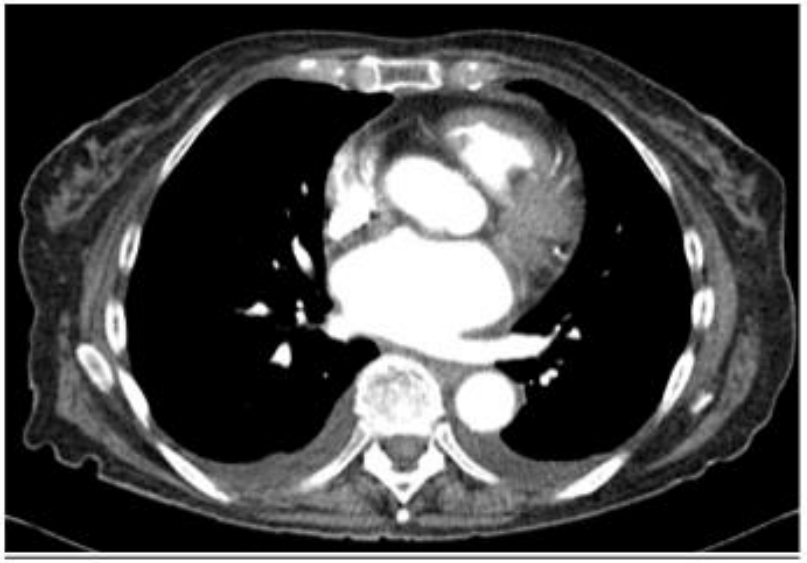
Otras Pruebas

- FR, ANA, Autoinmunidad
- Ac-MB
- Proteinograma, inmunoelectrofosis
- Marcadores tumorales; CA125: 57U/L
- Serologías, HIV
- PPD y QTF
- β2-microglobulina 6412 ug/L
- Ac ATGG IgA – Antigliadina: positivo, HLADQ2/DQ8: negativo

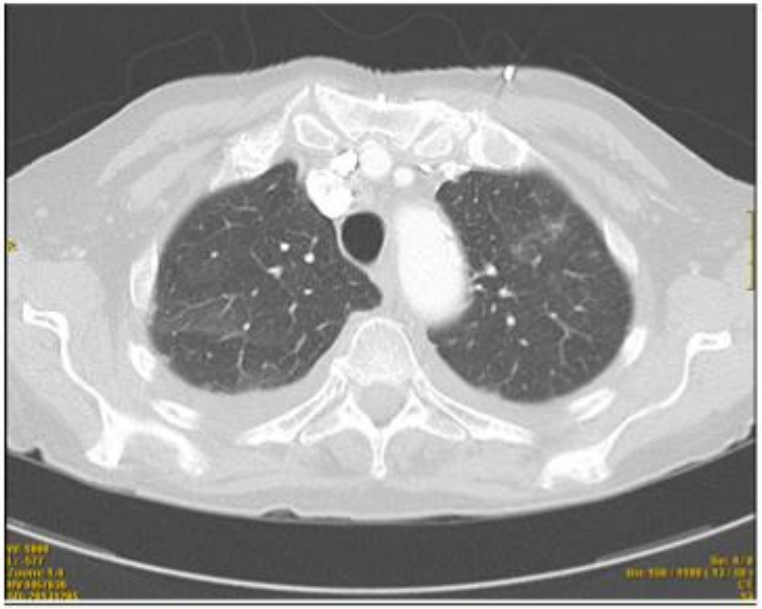
Complementarios

- TAC
- Electrofisiológico
- Serie ósea
- Gammagrafía salival
- Ecocardiograma

Resumen…



TC toraco-abdomino-pélvico: derrame pericárdico y pleural bilateral.

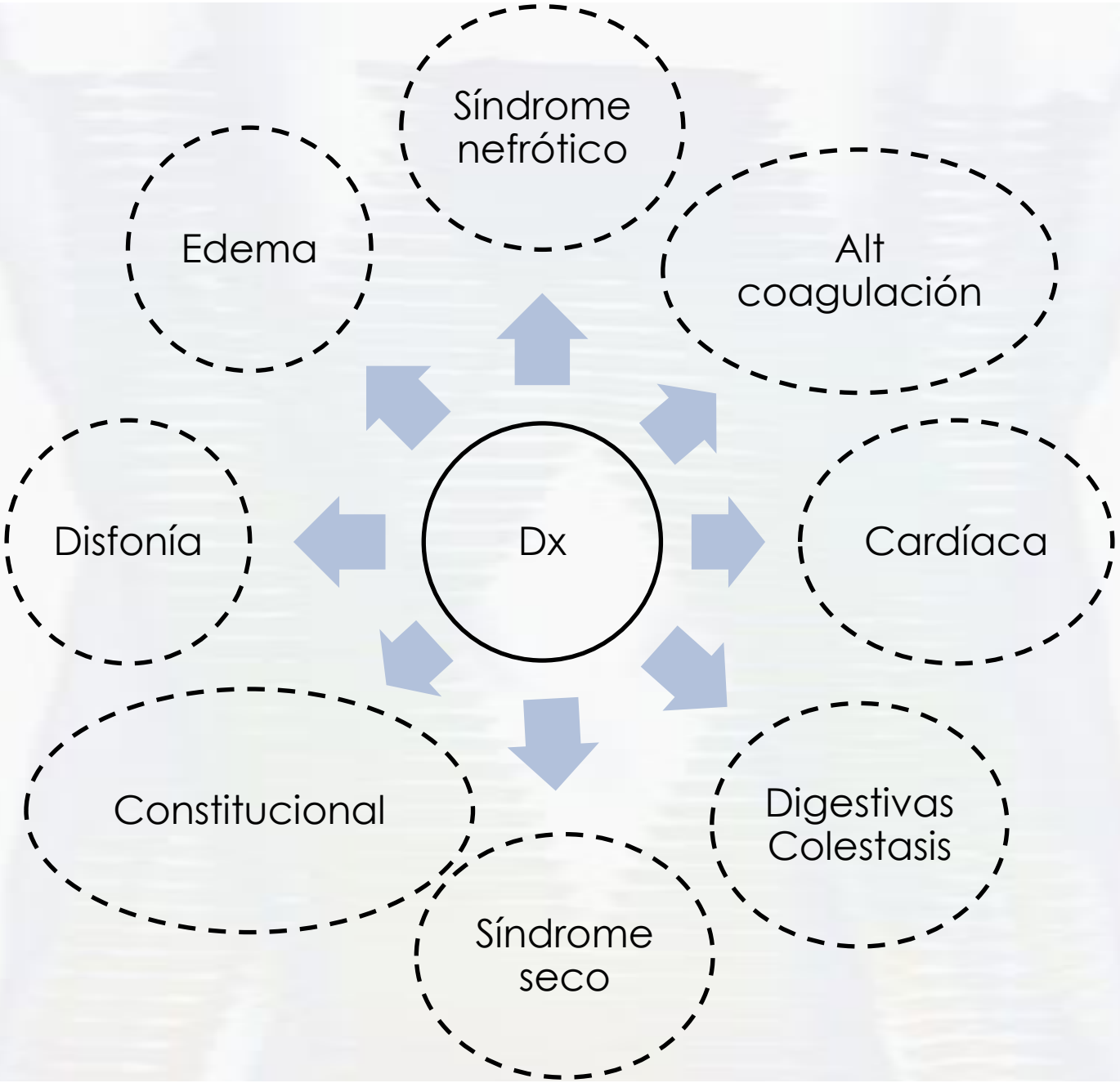


TC toraco-abdomino-pélvico: opacidades pulmonares bilaterales.

Resumen…

Insuficiencia cardiaca → Insuficiencia renal → EXITUS

Previamente se habían realizado 2 pruebas diagnósticas


Síndrome nefrótico
Edema
Alt coagulación
Disfonía
Dx
Cardíaca
Constitucional
Digestivas Colestasis
Síndrome seco

American Journal of Nephrology

In-Depth Topic Review

Am J Nephrol 2013;38:253–266
DOI: [illegible]

Received: May 8, 2013
Accepted: July 16, 2013
Published online: September 13, 2013

Differential Diagnosis of Glomerular Disease: A Systematic and Inclusive Approach

Lee A. Hebert[a] Samir Parikh[a] Jason Prosek[a] Tibor Nadasdy[b] Brad H. Rovin[a]

[a]Department of Internal Medicine, The Ohio State University Wexner Medical Center, and [b]Department of Pathology, The Ohio State University Wexner Medical Center, Columbus, Ohio, USA

Primary glomerulopathy
the disease begins in the glomerulus and causes direct damage only to the glomerulus.

2FSGS
This glomerular disease is the results of severa nephron loss resulting in overperfusion of the surviving glomeruli

Secondary glomerulopathy
The disease is the result of a multisystem disease that also causes a glomerulopathy.

Attending Rounds: An Older Patient with Nephrotic Syndrome

Richard J. Glassock

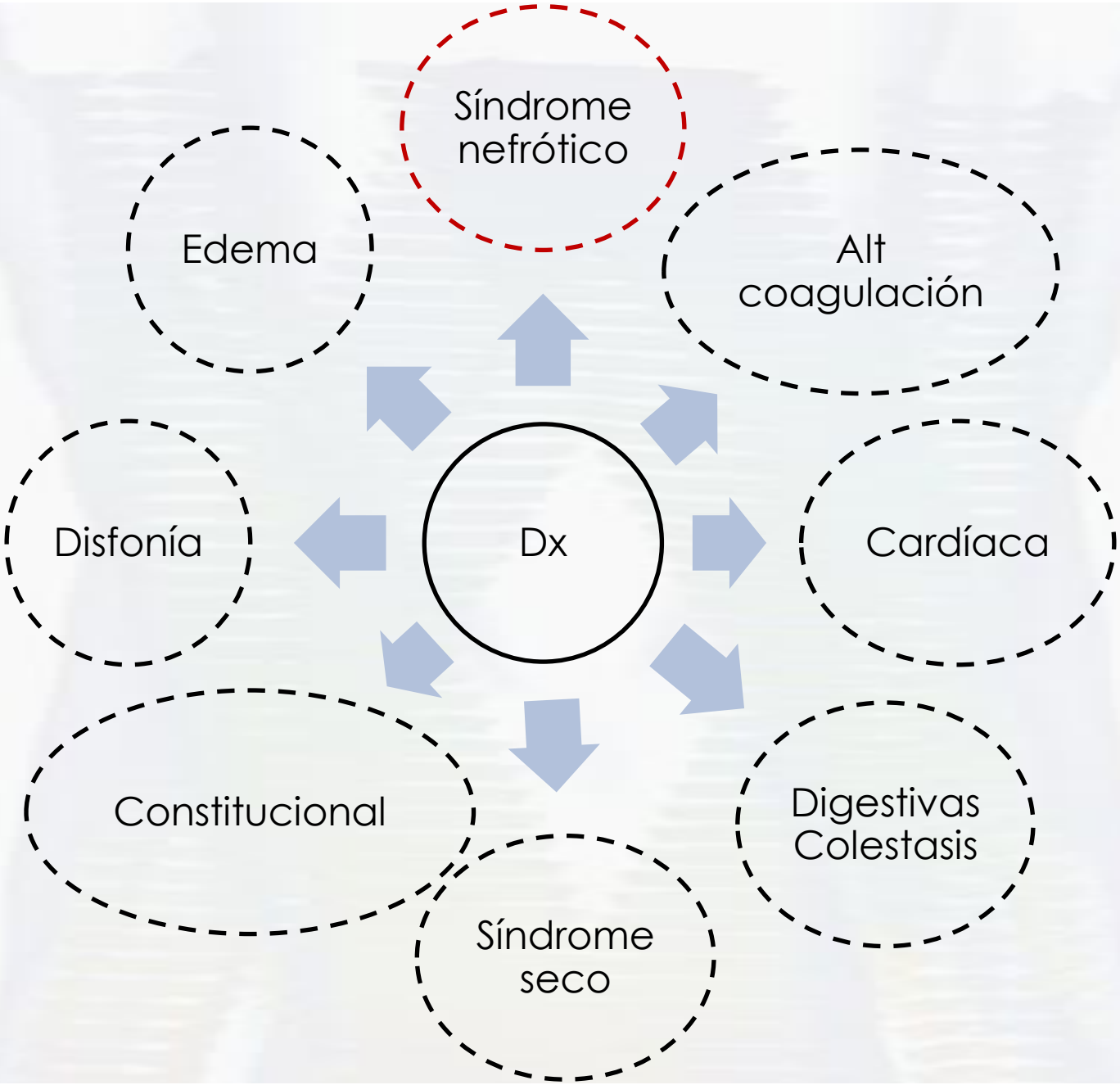
Summary

Nephrotic syndrome in older adult patients is a common clinical conundrum. Membranous nephropathy (MN) is a lesion frequently found to underlie the nephrotic state in such patients. Determining with reasonable certainty whether the nephrotic syndrome and MN is primary (idiopathic) or due to an underlying disease such as neoplasia can be a daunting clinical challenge. By way of a presentation of an illustrative case and a focused review of the relevant literature, the approach to evaluation of such patients, with an emphasis on the putative causative role of neoplasia in MN, is analyzed and a potential contemporary pathway for acquiring the correct diagnosis is offered.

Clin J Am Soc Nephrol 7: 665–670, 2012. doi: 10.2215/CJN.12771211

- Nefropatía membranosa
- Enfermedad de cambios mínimos
- Amiloidosis

SÍNDROME NEFRÓTICO SECUNDARIO A …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Edema
Alt coagulación
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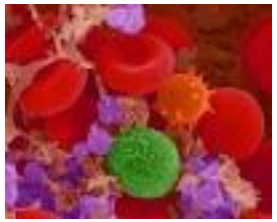
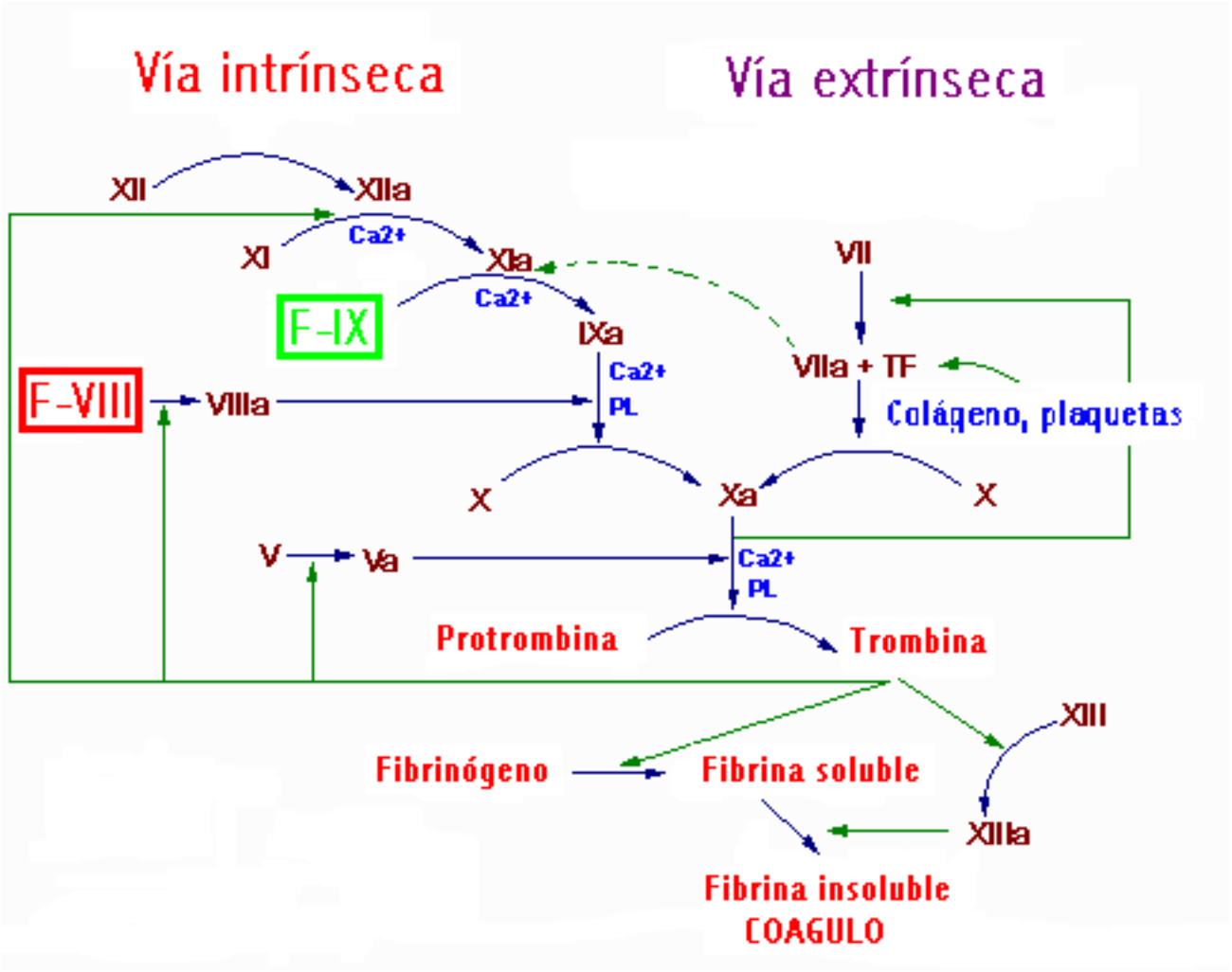
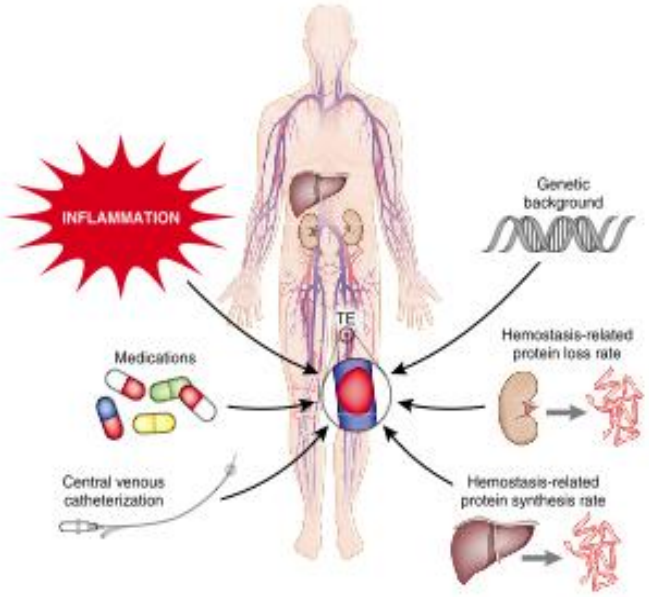
Cardíaca
Constitucional
Digestivas Colestasis
Síndrome seco




Vía intrínseca
Vía extrínseca
XII
XIIa
XI
Ca2+
XIa
F-IX
Ca2+
IXa
F-VIII
VIIIa
Ca2+
PL
VII
VIIa + TF
Colágeno, plaquetas
X
Xa
X
V
Va
Ca2+
PL
Protrombina
Trombina
XIII
Fibrinógeno
Fibrina soluble
XIIIa
Fibrina insoluble
COAGULO

Epidemiology and Pathophysiology of Nephrotic Syndrome–Associated Thromboembolic Disease

Bryce A. Kerlin,†‡ Rose Ayoob,§ and William E. Smoyer*‖*



	Anti-Thrombotic			Pro-Thrombotic
Procoagulant	N or ↓factor XI (160)[8]	↑, N, or ↓ factor II (69)[8] ↑, N, or ↓ factor VII (50)[8] ↑, N, or ↓ factor IX (56)[8] ↑, N, or ↓ factor X (56)[8] ↓ or ↑ Plt Function[8,48]	N or ↓ factor XII (80)[8,49] ↑Plt Count[8,50,51] ↑vWF (variable)[8]	↑↑fibrinogen (340)[8] ↑↑factor V (330)[8] ↑↑factor VIII (330)[8]
Anticoagulant	↑protein C (62)[8,14,54,55]	↑, N, or ↓ protein S (69)[8,14,54]	↓ protein Z (62)[43,54]	↓ or ↓↓ AT (65)[8,14,54]
Profibrinolytic		↑, N, or ↓ α_2-AP (70)[8]	↓Plasminogen (92)[8] ↓, N, or ↓ tPA (72)[8,55]	
Antifibrinolytic	↓ α_1-AT (54)[8]	↓ or ↑ PAI (52)[8,42]	↑ Lp(a) (~500)[8]	↑↑ α_2-M (725)[8]
Other		*Thrombophilia §APL	↑RBC Aggregation[9] Clot Structure[8,52] Hyperlipidemia[8]	

Clin J Am Soc Nephrol 7: 513–520, 2012. doi: 10.2215/CJN.10131011

Es esto siempre así ??

ADULT NEPHROTIC SYNDROME AND ACQUIRED COAGULOPATHIES: HAGEMAN FACTOR DEFICIENCY

Herman E. Branson, MD, N. Dabir Vaziri, MD, and Lewis M. Slater, MD
Orange, California

Nephrotic syndrome with spontaneous anticoagulant activity

Jecko Thachil[1], D. K. Watson[2] and P. J. T. Drew[3]

[1]Department of Haematology, Royal Liverpool Hospital, Liverpool, UK, [2]Department of Haematology, Maelor Hospital and [3]Department of Renal Medicine, Maelor Hospital, Wrexham, UK

SOLVING CLINICAL PROBLEMS IN BLOOD DISEASES

A physician or group of physicians considers presentation and evolution of a real clinical case, reacting to clinical information and data (boldface type). This is followed by a discussion/commentary.

Coagulopathy in a patient with nephrotic syndrome

Shari Ghanny,[1] Catherine Ross,[2] Anthony K.C. Chan,[3,4] and Howard H.W. Chan[1,4]*

TABLE I. Summary of Abnormal Coagulation Tests in Patients with Systemic AL-Amyloidosis

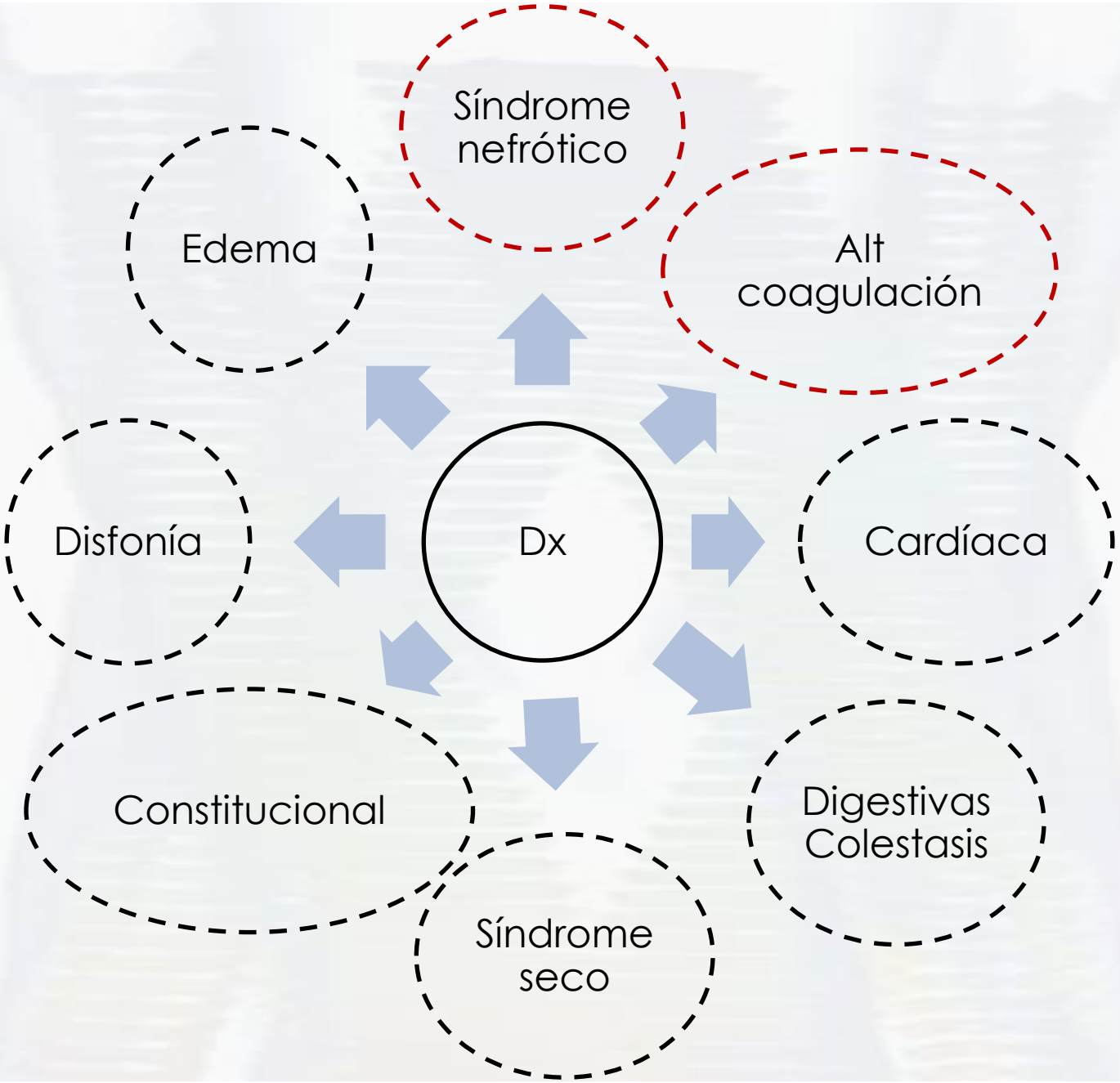
Test	Patients with abnormal result
Factor X deficiency	11%
Prothrombin time	28%
Thrombin clotting time	42%
Reptilase time	94%

The data were pooled from the results published in five cohort series [4–8].

JOURNAL OF THE NATIONAL MEDICAL ASSOCIATION, VOL. 74, NO. 4, 1982

Nephrol Dial Transplant (2007) 22: 624–626

Am. J. Hematol. 85:708–710, 2010.


Síndrome nefrótico
Edema
Alt coagulación
Disfonía
Dx
Cardíaca
Constitucional
Digestivas Colestasis
Síndrome seco

Afectación Cardíaca

HTA

- Dislipidemia
- Sin otros FRCV

Disnea

- Ingreso en el Servicio de Cardiología
- Cardiopatía Hipertensiva

Insuficiencia cardíaca

- EXITUS

Afectación Cardíaca

Valor do Peptídeo Natriurético do Tipo B no Diagnóstico de Insuficiência Cardíaca Congestiva em Pacientes Atendidos com Dispnéia na Unidade de Emergência

Humberto Villacorta, Adriana Duarte, Neison Marques Duarte, Ângela Carrano, Evandro Tinoco Mesquita, Hans J. F. Dohmann, Francisco Eduardo G. Ferreira

Rio de Janeiro, RJ

Rev Esp Cardiol. 2012;65(7):613–619

Artículo original

Punto de corte óptimo de NT-proBNP para el diagnóstico de insuficiencia cardiaca mediante un test de determinación rápida en atención primaria

José M. Verdú[a,b,*], Josep Comín-Colet[b,c], Mar Domingo[d,e], Josep Lupón[b,f], Miguel Gómez[b,g], Luis Molina[b,g], Jose M. Casacuberta[a], Miguel A. Muñoz[b,h], Amparo Mena[i] y Jordi Bruguera-Cortada[g]

PÉPTIDO NATRIURÉTICO DEL TIPO B / (BNP)

Uso previsto

El análisis i-STAT BNP es una prueba de diagnóstico *in vitro* para la medición cuantitativa de péptido natriurético del tipo B (BNP) en sangre entera o muestras de plasma usando EDTA como anticoagulante. Las mediciones de BNP pueden emplearse para facilitar el diagnóstico y la evaluación de la gravedad de la insuficiencia cardíaca congestiva.

Afectación Cardíaca

Journal of the American College of Cardiology
© 2010 by the American College of Cardiology Foundation
Published by Elsevier Inc.

Vol. 55, No. 17, 2010
ISSN 0735-1097/10/$36.00
doi:10.1016/j.jacc.2009.12.040

QUARTERLY FOCUS ISSUE: HEART FAILURE

State-of-the-Art Paper

Infiltrative Cardiovascular Diseases

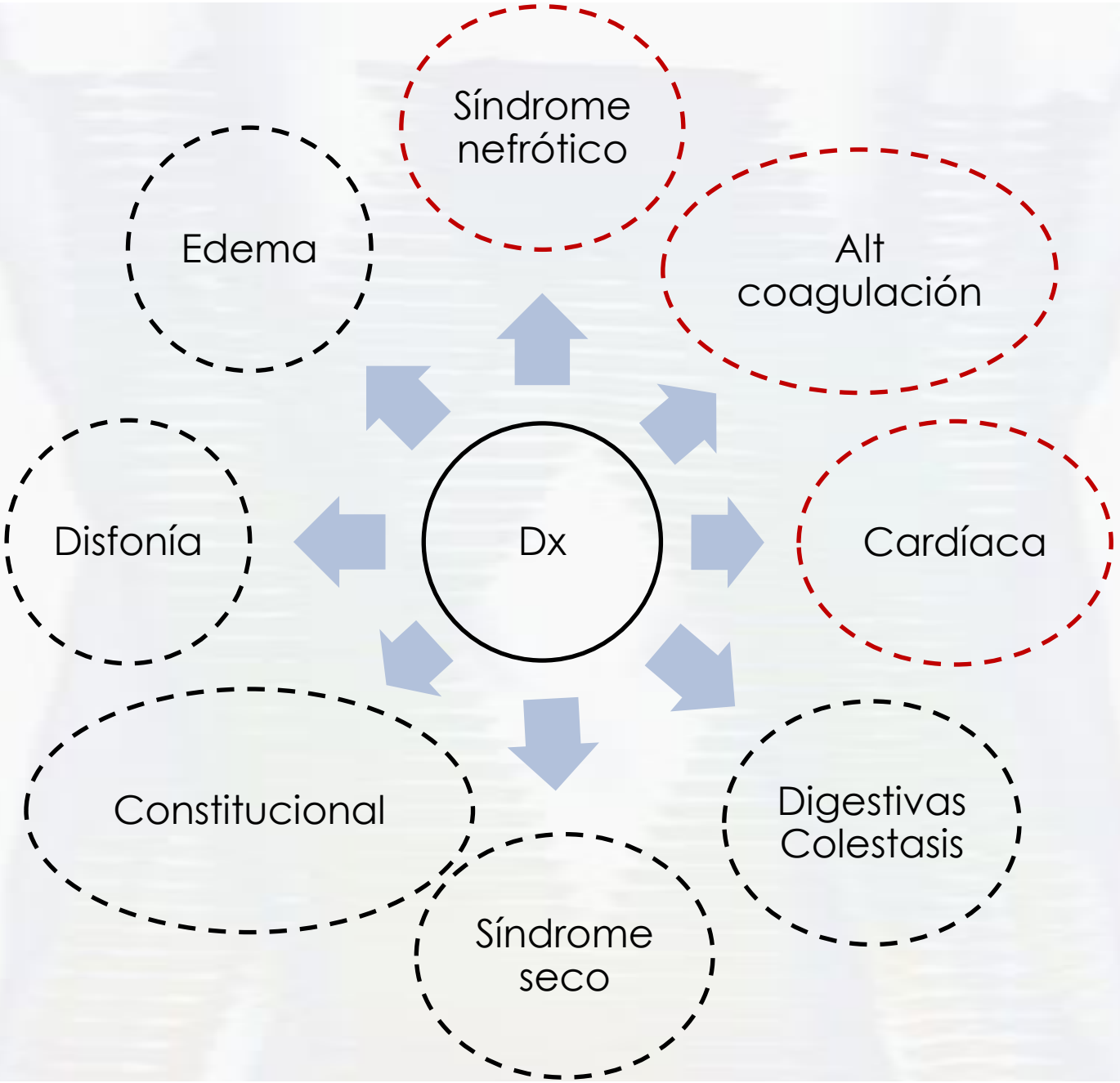
Cardiomyopathies That Look Alike

James B. Seward, MD,* Grace Casaclang-Verzosa, MD†

Rochester, Minnesota

Cardiomiopatía hipertensiva
Cardiomiopatía hipertrófica

Cardiomiopatía por amiloides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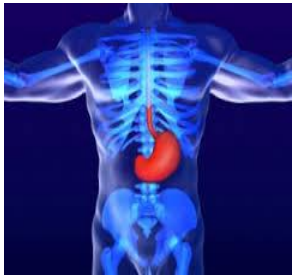


ACG Clinical Guidelines: Diagnosis and Management of Celiac Disease

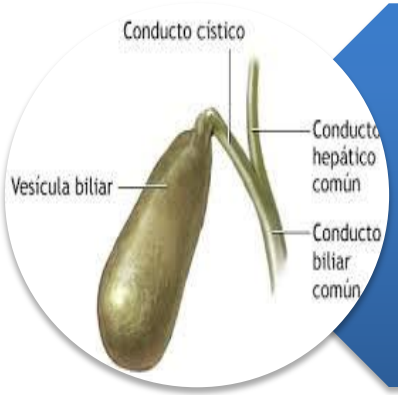
Alberto Rubio-Tapia, MD[1], Ivor D. Hill, MD[2], Ciarán P. Kelly, MD[3], Audrey H. Calderwood, MD[4] and Joseph A. Murray, MD[1]

Ac antitransglutaminasa IgA → Ac antigliadina IgA → HLADQ2 / D8

"EC deberá basarse en una combinación de los resultados de la historia clínica, la exploración física, la serología y la endoscopia digestiva alta con el análisis histológico de biopsias múltiples del duodeno. (Recomendación fuerte, alto nivel de evidencia)"

Am J Gastroenterol 2013; 108:656–676; doi:10.1038/ajg.2013.79

Colestasis



Extrahepática

Carcinoma Pancreático

Coledocolitiasis

Pancreatitis

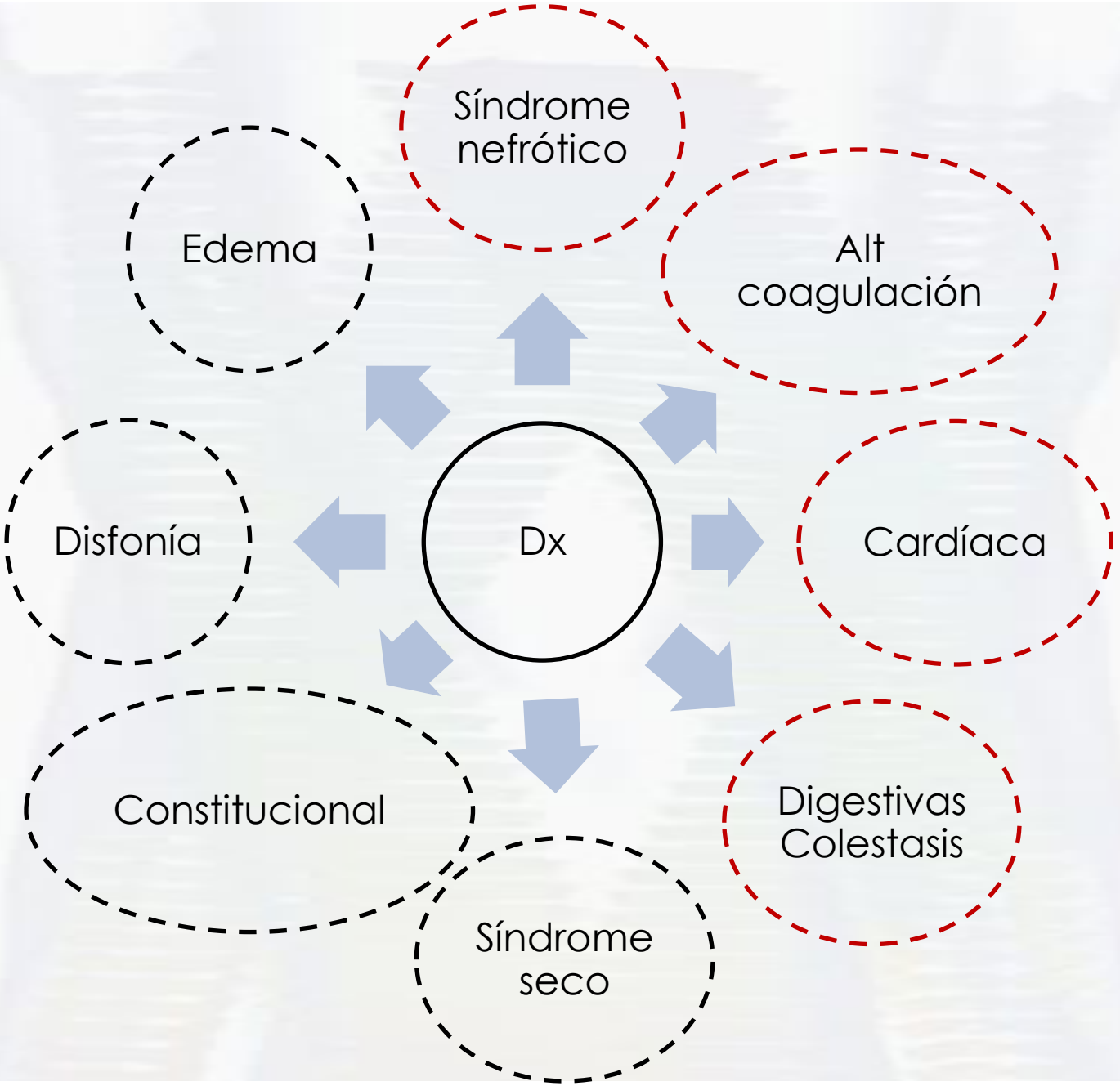
Ampuloma

Estenosis biliar

Intrahepática

- Aguda: Hepatitis viral; Tox por fármacos; Tox por OH
- Crónica: Tox fármacos; Hepatitis crónica; cirrosis biliar primaria; Colangitis esclerosante.
- Infiltración
- Estado post-Qx
- Hiperalimentación

Journal of Hepatology 51 (2009) 237–267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Síndrome seco

Causa

Central

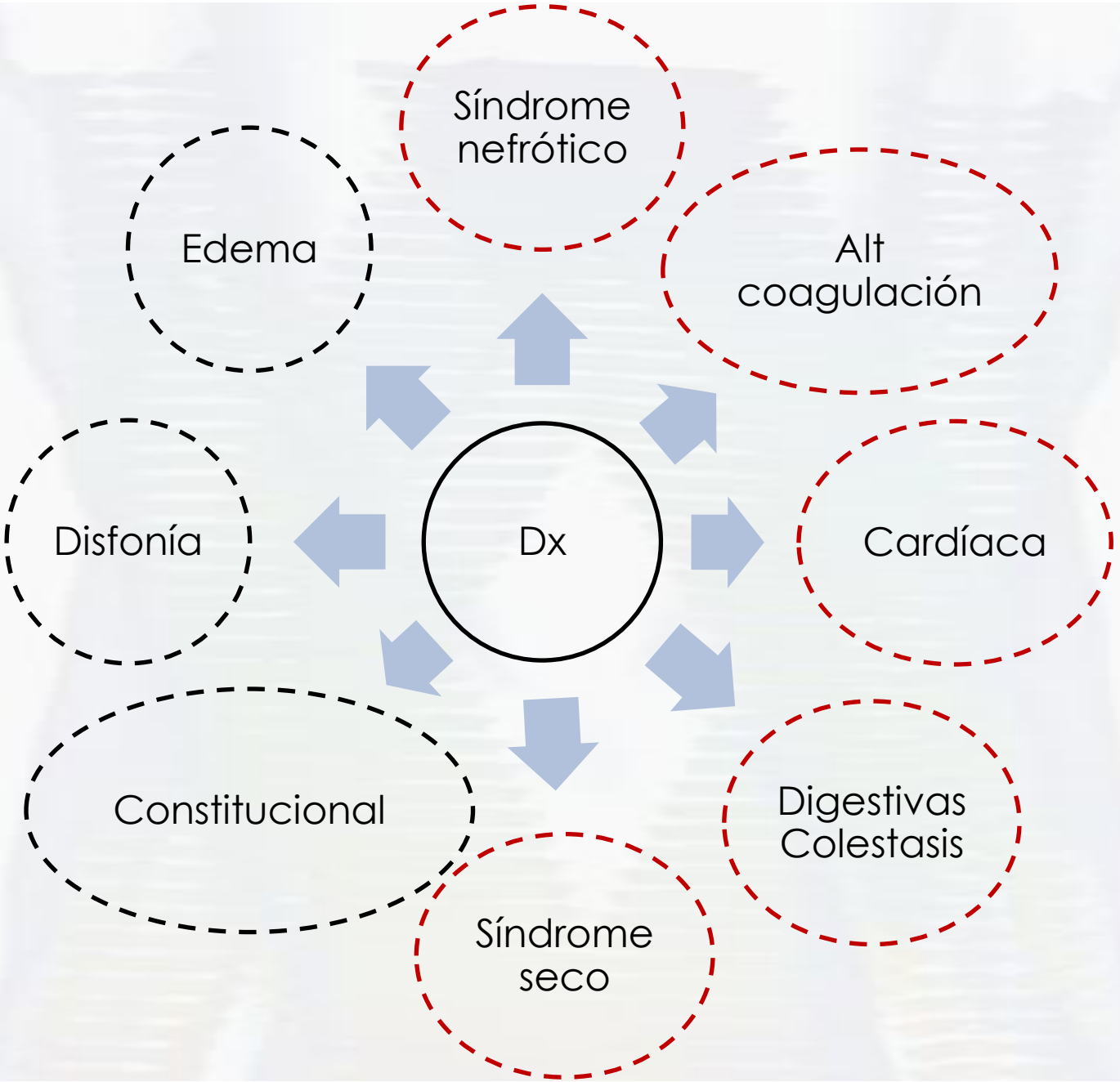
- Psiquíatricas
- Tumores
- Encefalitis
- Post-Neuroqx
- Diabetes insípida

Periféricas

- Autoinmunes
- Fármacos
- RTx y QTx
- Traumatismo
- Procesos inflamatorios
- Cirrosis primarias
- Fibrosis quística

Otros

- Déficits Vit
- Anemia perniciosa
- Alteraciones electrólitos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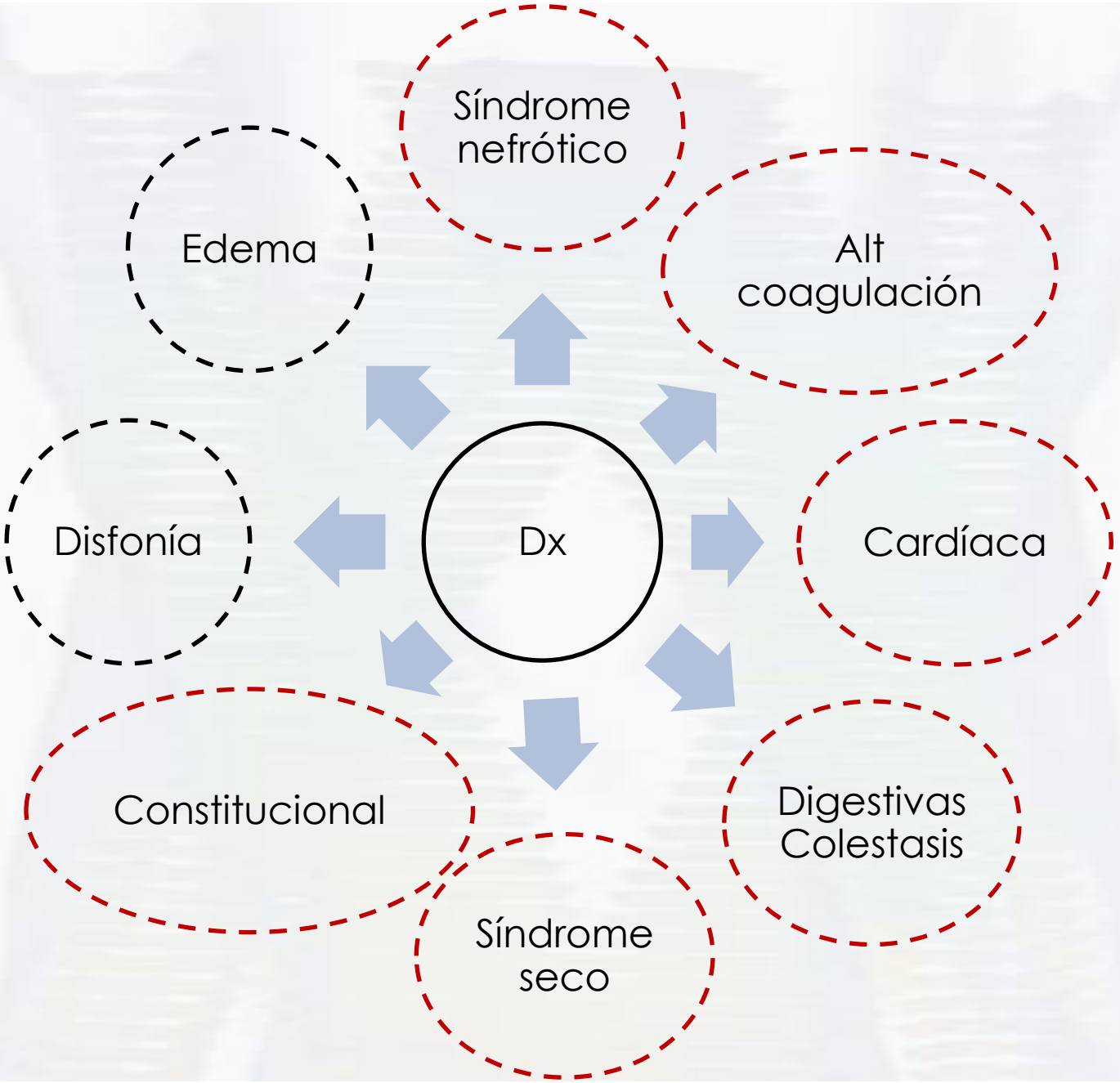
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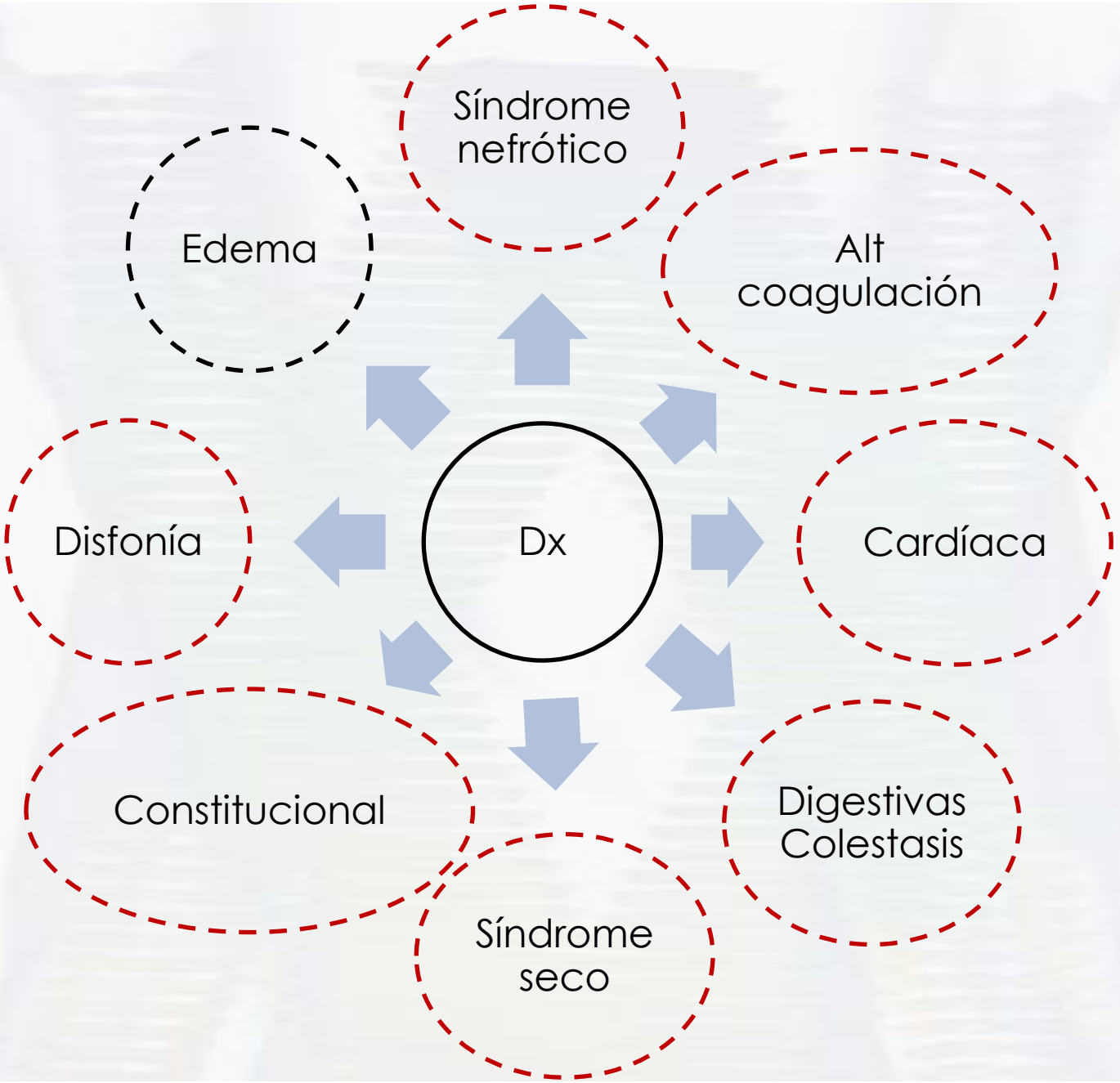
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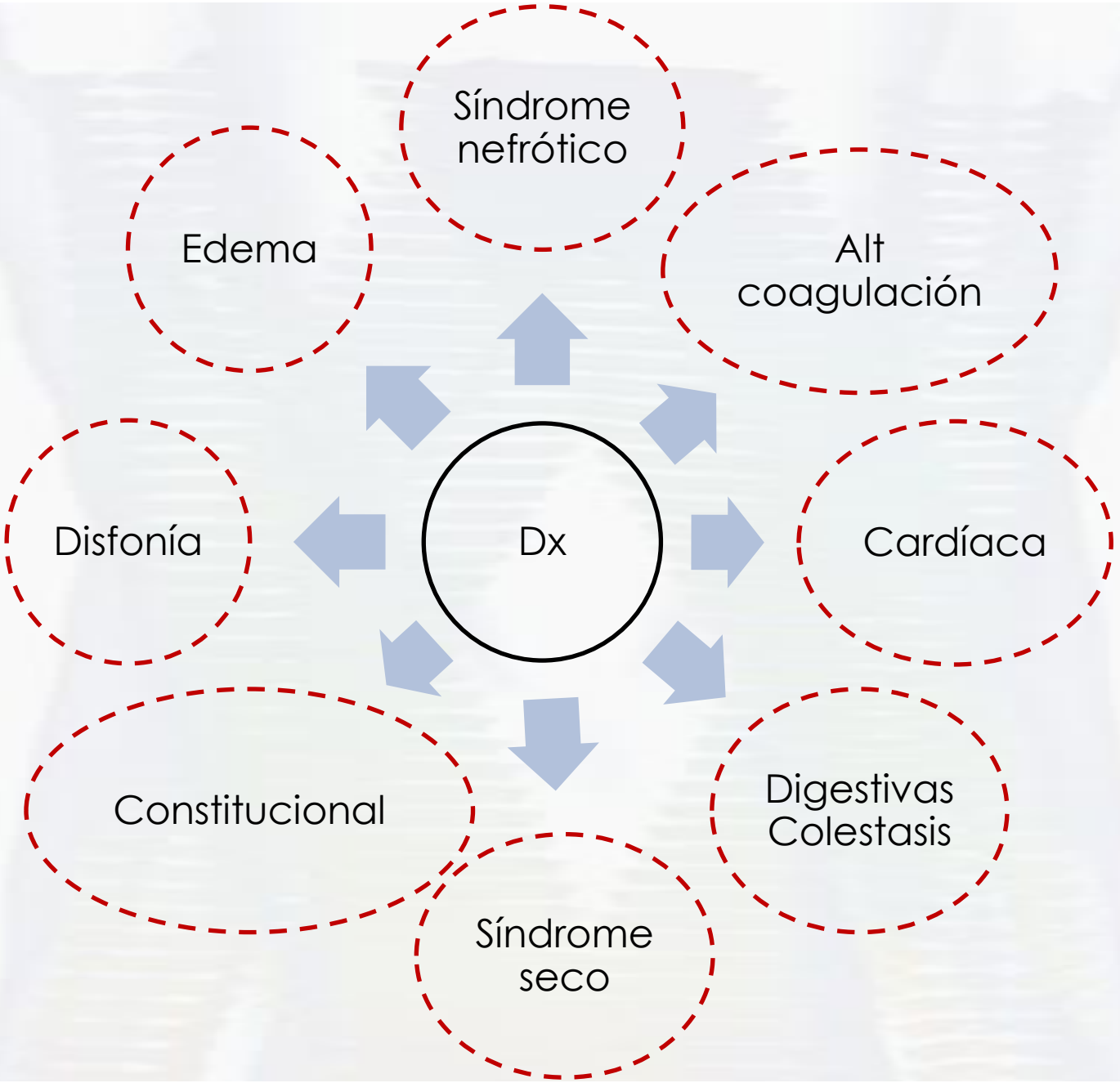
Síndrome nefrótico
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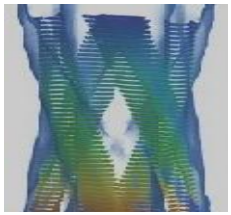
AMILOIDOSIS

- Síndrome nefrótico
- Edema
- Alt coagulación
- Disfonía
- Cardíaca
- Constitucional
- Digestivas Colestasis
- Síndrome seco



Amiloidosis sistémica

Asociada a Discrasia de células plasmática	
Primaria, Mieloma	AL

↓

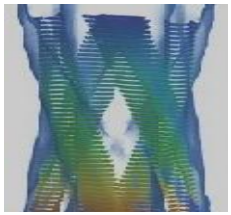
Hemodiálisis	
Proceso dialítico	β2-microglobulina

↓

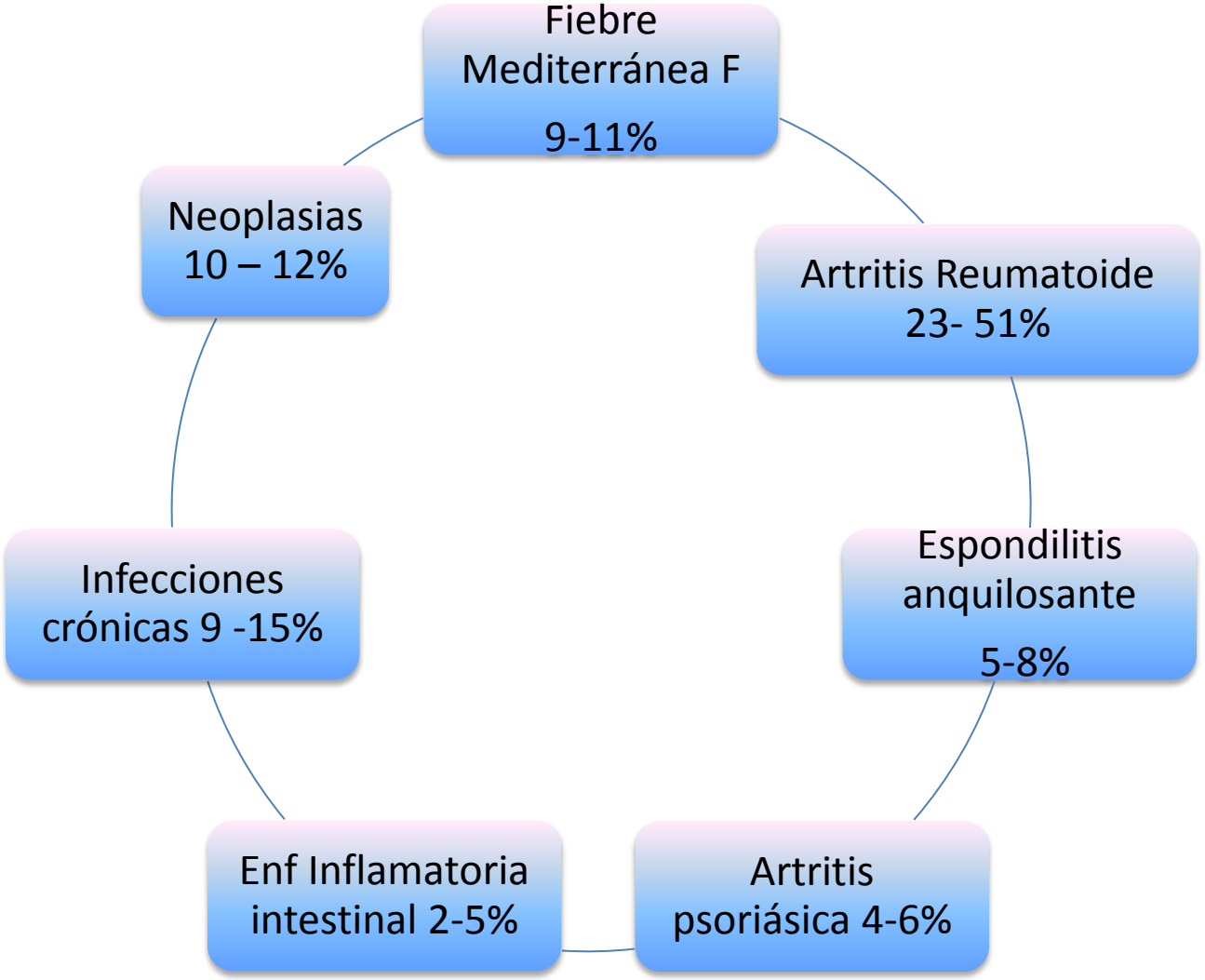
Heredofamiliares	
Genéticas	Diversos tipos

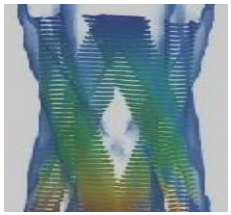
↓

Asociada a proceso crónicos	
Inflamatorias o reactivas	AA



Amiloidosis secundaria





NEFROLOGÍA. Vol. XXIII. Número 4. 2003

Amiloidosis secundaria (AA) y afectación renal

E. Torregrosa, J. Hernández-Jaras, C. Calvo, A. Ríus, H. García-Pérez, F. Maduell y J. M. Vera*
Servicios de Nefrología y *Anatomía Patológica. Hospital General de Castellón.

Tabla I. Causas de la amiloidosis AA

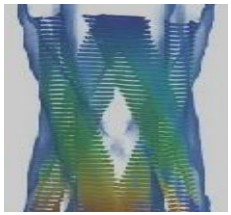
Enfermedad primaria	Número	%
Artritis reumatoide	16	51,6%
Bronquiectasias	6	19%
Enfermedad de Crohn	2	6,4%
Fístula anal crónica	2	6,4%
Tuberculosis reno-pulmonar	2	6,4%
Osteomielitis	1	3%
Discitis-Absceso de psoas	1	3%
Endocarditis bacteriana	1	3%

Amiloidosis secundaria. Características clínicas.

LÓPEZ MARCELO Fausto*, VALDEZ Y. Guillermo**, HERNÁNDEZ PACHECO Javier**, DELGADO Wilson***, LÓPEZ M.H.V., SANTAYANA N, SILVA DÍAZ Homero.****

Tabla N°1. Etiología de amiloidosis secundaria.

Etiología	n	%
TBC Pulmonar crónica	104	90.43
Osteomielitis	2	1.74
Bronquiectasias	7	6.08
Leishmaniasis	1	0.87
Fibrosis Pulmonar secundaria	1	0.87
TOTAL	115	100.00



INTERNAL MEDICINE

□ CASE REPORT □

Minimal Change Nephrotic Syndrome Complicated with Malignant Ascites in a Patient with Type II Diabetes

Taro Sugase, Tetsu Akimoto, Yoshitaka Iwazu, Tomoyuki Yamazaki, Akihiko Numata, Fumi Takemoto, Shigeaki Muto and Eiji Kusano

Sensorimotor polyneuropathy and systemic amyloidosis as paraneoplastic signs of a carcinoid-like well-differentiated carcinoma of the breast

S. Krüger, B. Kreft, W. Heide, U. Siebel, H. Djonlagic, E. Reusche

Intern Med 51: 1885-1888, 2012

Diagnóstico Final

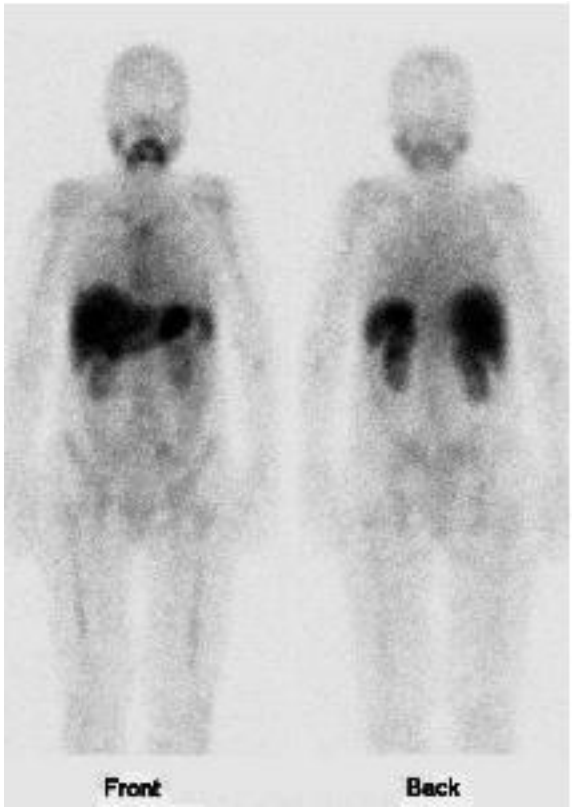
Amiloidosis primaria

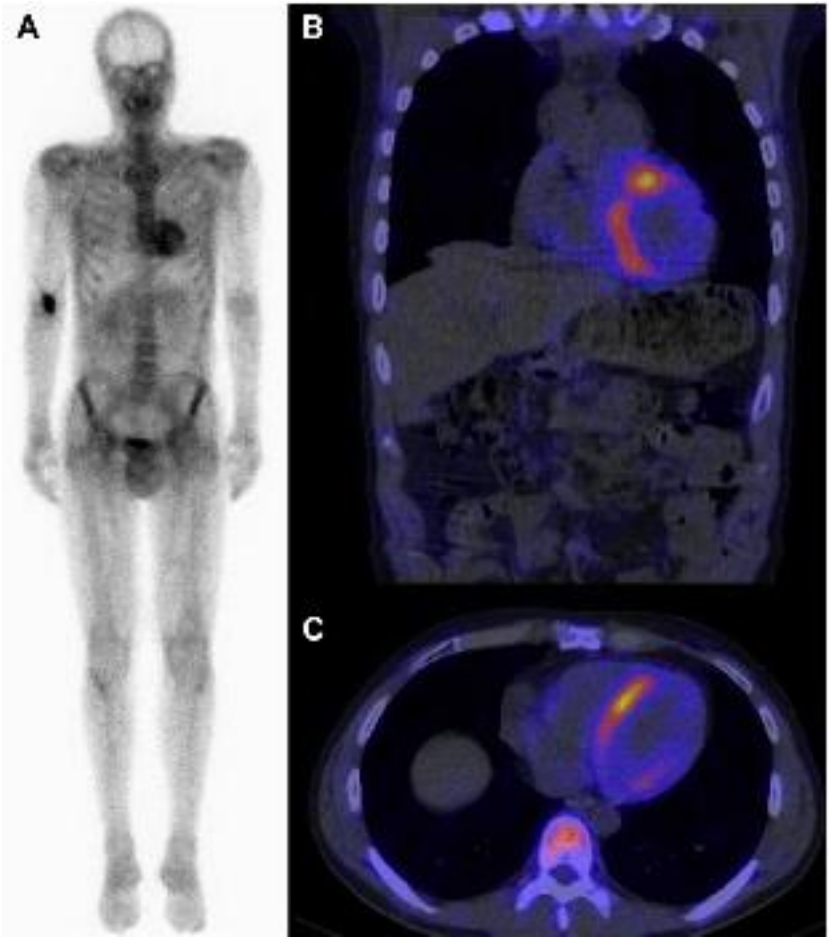
Pruebas diagnósticas

Biopsia renal

Determinación sérica de SAP

Gammagrafía SAP





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